

Campaign Committee Exemption from Scheduled Reporting - Rescind

Form CFDA-948.IRCD

Committee Information		
Committee Name	Committee ID #	
		For official use only
Candidate Name	Date of Election	
	MM/DD/YYYY	
Mailing Address (include city, state, and zip)	Office Sought	
	Locality/District	
Contact Information		
Email Address	Daytime Telephone #	
C		
Statement of Rescission		
 ☐ In accordance with the Code of Virginia, I, the undersigned from scheduled reporting requirements. I certify that at this time: I have not solicited or accepted any contribution from I have not contributed to my campaign more than \$1,00 I have not expended more than \$1,000 on behalf of my I have and will continue to comply with the requirement Title 24.2, Ch. 9.3). 	any other person on behalf of r 1000 of my own personal funds; y campaign;	ny campaign;
Furthermore, I understand that I am required to resume report pertaining to my campaign at the next scheduled reporting dead exemption.		
		MM / DD / YYYY
Signature of Candidate		ate